

# PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:14 PM

POLUNSKY (TL)

Patient Name: BUNTION, CARL W  
MRN: 993

=====

SCR NURSING S/C SCHEDULED (ATC 7 & 8)

Entered On: 05/20/2017 07:52:18

Entered By: HILZENDAGER, BOBBI L.V.N.

scr 5/19/17 back, hip, left leg pain, diff walking, need wheelchair

Offender seen cell side. Offender states he has already been seen by PA Reilley for these issues on 5/16/2017. He indicates issues resolved and does not need to be seen again. Sick Call Resolved.

# PEARL PATIENT CHART EXPORT

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## OFFENDER MEDICAL PASS

**Name:** BUNTION, CARL W **TDCJ#:** 993 **Facility:** POLUNSKY (TL) **Date:** 05/16/2017 12:51  
**Age:** 77 year **Race:** W **Sex:** male

**Ordered by:** P. REILLEY MS PA

**PASS FOR TRANSPORT WITHIN UNIT VIA WHEELCHAIR**

**EXPIRES 9/1/17**

Electronically Signed by REILLEY, PAUL K. PA on 05/16/2017.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

**CORRECTIONAL MANAGED HEALTH CARE  
MD/MLP CHART REVIEW**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 12/21/2020 11:03  
Facility: POLUNSKY (TL)

Age: 80 year DOB: 03/30/1940 Sex: male Race: WHITE DOI: 3/6/1991

**Most recent vitals from 12/9/2020:**

BP: 186 / 83 (Sitting)	Weight: 170 Lbs.	Height: 72 In.	BMI: 23 (% Diff: -4.17)
Pulse: 78 (Sitting)	Resp: 16 / min	Temp:	O2 Sat: 99% RA

**Allergies:** PENICILLINS, OPIOID ANALGESICS

**Current Medications:**

**CARVEDILOL 6.25MG TABLET**  
1 TABS ORAL TWICE DAILY for 30  
Days KOP

EXPIRATION DATE: 12/04/2021 10:17:00AM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/15/2020 09:56:07AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**IBUPROFEN 800MG TABLET**  
1 TABS ORAL TWICE DAILY for 30  
Days KOP

EXPIRATION DATE: 3/09/2021 10:24:00AM  
REFILLS: 0 / 2

LAST DATE GIVEN KOP: 12/11/2020 10:54:04AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**LISINAPRIL 40MG TABLET**  
1 TABS ORAL EVERY MORNING for 30  
Days KOP

EXPIRATION DATE: 12/04/2021 10:22:00AM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/11/2020 10:53:47AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**PRAVASTATIN 20MG TABLET**  
1 TABS ORAL EVERY EVENING for 30  
Days KOP

EXPIRATION DATE: 12/04/2021 10:19:00AM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/11/2020 10:53:36AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**VERAPAMIL 240MG SR TABLET**  
1 TABS ORAL EVERY MORNING for 30  
Days KOP

EXPIRATION DATE: 12/04/2021 10:16:00AM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/11/2020 10:53:54AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**Reminders Closed:**

Description	Date Time	Closed On	Comments
MD/MLP-CHART REVIEW	12/21/2020 06:58	12/21/2020 11:03	SCR 12/18/20 - renew Handcuff pass and handicap shower pass

Please send copy of medical passes to patient.

Electronically Signed by MONTGOMERY, LAURIE J. NP on 12/21/2020.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

**CORRECTIONAL MANAGED HEALTH CARE  
PROVIDER CHRONIC CLINIC NOTE  
Individualized Treatment Plan**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 12/09/2020 10:06  
Facility: POLUNSKY (TL)

Age: 80 year DOB: 03/30/1940 Sex: male Race: WHITE DOI: 3/6/1991

<b>Patient Language:</b> ENGLISH			
Most recent vitals from 12/9/2020:			
BP: 186 / 83 (Sitting)	Weight: 170 Lbs.	Height: 72 In.	BMI: 23 (% Diff: -4.17)
Pulse: 78 (Sitting)	Resp: 16 / min	Temp:	O2 Sat: 99% RA
CURRENT PEAK FLOWS:	PF 1:	PF 2:	PF3:
PRIOR PEAK FLOWS:	PF1:	PF 2:	PF 3:
<b>Allergies:</b> PENICILLINS, OPIOID ANALGESICS			

**Current Medications:**

**CARVEDILOL 6.25MG TABLET**  
1 TABS ORAL TWICE DAILY for 30  
Days KOP

EXPIRATION DATE: 12/12/2020 01:31:00PM  
REFILLS: 11 / 11

LAST DATE GIVEN KOP: 11/15/2020 08:57:00AM  
ORDERING PROVIDER: REILLEY, PAUL K  
ORDERING FACILITY: POLUNSKY (TL)

**LISINAPRIL 40MG TABLET**  
1 TABS ORAL DAILY for 30 Days KOP

EXPIRATION DATE: 12/12/2020 01:32:00PM  
REFILLS: 11 / 11

LAST DATE GIVEN KOP: 11/15/2020 08:57:04AM  
ORDERING PROVIDER: REILLEY, PAUL K  
ORDERING FACILITY: POLUNSKY (TL)

**PRAVASTATIN 20MG TABLET**  
1 TABS ORAL EVERY EVENING for 30  
Days KOP

EXPIRATION DATE: 12/12/2020 01:31:00PM  
REFILLS: 11 / 11

LAST DATE GIVEN KOP: 11/15/2020 08:57:08AM  
ORDERING PROVIDER: REILLEY, PAUL K  
ORDERING FACILITY: POLUNSKY (TL)

**VERAPAMIL 240MG SR TABLET**  
1 TABS ORAL DAILY for 30 Days KOP

EXPIRATION DATE: 12/12/2020 01:31:00PM  
REFILLS: 11 / 11

LAST DATE GIVEN KOP: 11/15/2020 08:57:11AM  
ORDERING PROVIDER: REILLEY, PAUL K  
ORDERING FACILITY: POLUNSKY (TL)

MARK "YES" IF THIS A TELEHEALTH VISIT	YES
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**Chronic Clinic (select all applicable):**

	Asthma/COPD		CAD		CHF		ESLD		Active Hepatitis B	x	HCV		HIV	x	HTN
x	Hyperlipidemia		IDDM		NIDDM		Active TB		Seizure		Close Monitoring				
	Miscellaneous:														

**Compliance:**

Medication: \_\_\_\_\_ % KOP  
Diet: \_\_\_\_\_ % DFH  
Exercise: \_\_\_\_\_ % limited

**Subjective:**

Here for CCC HTN, HCV, and hyperlipidemia. He reports smoking for 40+ years, quit about 25 years ago. Denies SOB or DOE.

**Objective:**

Date Time	BP	Pulse	Resp	Wgt	Hgt	BMI	Temp	FI02	O2 Flow	O2 Sat	PF1	PF2	PF3	PL
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HSM70

79

1 of 5

**PEARL PATIENT CHART EXPORT**Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM**CORRECTIONAL MANAGED HEALTH CARE  
PROVIDER CHRONIC CLINIC NOTE  
Individualized Treatment Plan**Patient Name: BUNTION, CARL W  
TDCJ#:993Date: 12/09/2020 10:06  
Facility: POLUNSKY (TL)

12/9/2020 09:45AM	186/83 (SI)	78 (SI)	16	170 LB	23		0.00	99 RA
12/18/2019 02:31PM	183/97 (SI)	90 (SI)					0.00	RA
12/18/2019 01:19PM	218/104 (SI)	92 (SI)	16	175 LB	24	98.3 (OR)	0.00	RA
7/16/2019 06:23AM	173/86 (SI)	78 (SI)	16	173 LB 72 IN	23	97.5 (OR)	0.00	96 RA

REFUSED RECENT LABS DUE TO WRIST INJURY

**HEENT**

<input checked="" type="checkbox"/>	PERRLA, EOMI, No Nystagmus		Bilateral Fundoscopic without retinopathy noted
<input checked="" type="checkbox"/>	Oral mucosa hydrated and without lesions	<input checked="" type="checkbox"/>	No enlarged cervical or supraclavicular nodes.
	Other:		

**Pulmonary**

<input checked="" type="checkbox"/>	Lung fields clear to auscultation						
	Wheezes	Rhonchi	Left	Middle	Base	Apical	
			Right	Middle	Base	Apical	
	Other:						

**Heart**

<input checked="" type="checkbox"/>	RRR without murmur or gallop		PMI nl placement and magnitude
	Other:		

**Abdomen**

<input checked="" type="checkbox"/>	NI bowel sounds in all 4 quadrants	<input checked="" type="checkbox"/>	Soft, non-tender to palpation
<input checked="" type="checkbox"/>	No masses, organomegaly or ascites		Absent bowel sounds

Liver span:	<b>NORMAL</b>
Other:	

**Extremities**

<input checked="" type="checkbox"/>	No clubbing cyanosis or edema
	Bilat lower extremities have full sensation to light touch
<input checked="" type="checkbox"/>	Bilat feet are without lesions associated with PVD

Pitting edema:		Y		R	+
	<input checked="" type="checkbox"/>	N		L	+
Other:					

**Vascular**

<input checked="" type="checkbox"/>	Upper exts intact	<input checked="" type="checkbox"/>	Lower exts intact		Carotids intact w/o bruit		Abdomen w/o bruit
	Other:						

APRI score (if applicable):

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**CORRECTIONAL MANAGED HEALTH CARE  
PROVIDER CHRONIC CLINIC NOTE  
Individualized Treatment Plan**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 12/09/2020 10:06  
Facility: POLUNSKY (TL)

**Assessment:**

HTN  
HCV  
HYPERLIPIDEMIA

**Plan:**

Labs ordered

Continue present medications

Add ibuprofen for sciatica and arthritis pain

**Follow Up**

<input type="checkbox"/>	30 days	<input type="checkbox"/>	60 days	<input type="checkbox"/>	90 days	<input type="checkbox"/>	PRN	<input checked="" type="checkbox"/>	OTHER: 1 year
Schedule with Dental for comprehensive and periodontal exam (if indicated by DMG or clinical presentation)									
Schedule with Mental Health (if indicated by DMG or clinical presentation)									

**Diet:**

☒ The health benefits of a low fat low sodium diet (the standard TDCJ meal) explained to the patient.

☐ Regular ☒ Diet for Health ☐ Other:

FOR  DAYS

☒ Diet Compliance:

**Exercise:**

☒ The health benefits of daily aerobic exercise, as tolerated, discussed with the patient.  
☐ An exercise regimen tailored to the patient's specific physical limitations explained to the patient.  
☒ Limited physical activity due to medical restrictions  
☒ Exercise compliance:

**Medication:**

☒ Medication compliance:

**Patient Education:**

☒ Disease specific pathophysiology, long term health outcome options, and current treatment rational discussed with the pt.  
☒ The patient communicates understanding of the treatment plan including the importance of medication compliance and adherence to diet, exercise and all diagnostic procedures.  
☐ Other:

Diet Counseling Performed: Yes

Review/Update TDCJ Restrictions/PULHES:

**Restrictions / PULHES Data:**

12/09/2020 10:08 - REILLEY, PAUL K PA Reviewed and Current No Changes Needed.

**PEARL PATIENT CHART EXPORT**Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM**CORRECTIONAL MANAGED HEALTH CARE  
PROVIDER CHRONIC CLINIC NOTE  
Individualized Treatment Plan**Patient Name: BUNTION, CARL W  
TDCJ#:993Date: 12/09/2020 10:06  
Facility: POLUNSKY (TL)**DISCHARGE PLANNING**

Continuity of Care / Discharge Planning: (See Guidelines) Patient will NOT require continuity of care planning by TCOOMMI prior to discharge from TDCJ.

**Passes Data:**

12/09/2020 10:09 - REILLEY, PAUL K PA

Add - MOVEMENT / CELL RESTRICTIONS: Disability Shower # of Days: 365 Exp. Date: 12/09/2021

Add - RESTRAINTS / OTHER: No Short Cuff Behind Back # of Days: 365 Exp. Date: 12/09/2021

**Procedures Ordered:**

Date Time	Description	Comments
12/9/2020 10:13AM	CHRONIC CARE PROVIDER2-INTERMEDIATE OFFICE VISIT (F)	
12/10/2020 10:13AM	*CBC W/DIFF BABYDMCD	
12/10/2020 10:13AM	PSYLBPSZDBHVCNESLDAHEPHPCCKDELCCRHAHEMURRHGDONCOLL EV2	
12/10/2020 10:13AM	*COMP METABOLIC PANEL (CMP) PSYLABPHEPSZDBHVCNBFAHEPESLDHPESLDCKD LEV2ELCRRHGDONCOL	
12/10/2020 10:13AM	*THYROID STIMULATING HORMONE [TSH]CNBFP SYLDMCDBPDBLETHPRHAGD	
12/10/2020 10:13AM	*URINALYSIS W/DIP MICRO EXAM ON POS [UA CHEM] HVDBCNBPBFP SYLESLDCKDELCCRHEMUR	
12/10/2020 10:13AM	LIPID PANEL CNDBBFHVPSYLDMDNBPCKDRHGD	
12/10/2020 10:13AM	*ALPHA-FETOPROTEIN, SERUM [AFP, TUMOR MARKER]HPLEV2	
12/10/2020 10:13AM	*HEPATITIS C VIRUS ANTIBODY W/RFLX [HCV] BABYHPAHEPHVHPESLDIPOELCRHIALBLEV2	
12/10/2020 10:13AM	*PROTHROMBIN TIME [PT] ESLDHPLEV2HEMUR	

**Stopped Meds:**

<b>CARVEDILOL 6.25MG TABLET</b> PROVIDER: REILLEY, PAUL K REFILLS: 11 / 11	1 TABS ORAL TWICE DAILY for 30 Days KOP	START DATE:12/18/2019 13:31 PM EXPIRATION DATE: 12/12/2020 13:31 PM
<b>LISINAPRIL 40MG TABLET</b> PROVIDER: REILLEY, PAUL K REFILLS: 11 / 11	1 TABS ORAL DAILY for 30 Days KOP	START DATE:12/18/2019 13:32 PM EXPIRATION DATE: 12/12/2020 13:32 PM
<b>PRAVASTATIN 20MG TABLET</b> PROVIDER: REILLEY, PAUL K REFILLS: 11 / 11	1 TABS ORAL EVERY EVENING for 30 Days KOP	START DATE:12/18/2019 13:31 PM EXPIRATION DATE: 12/12/2020 13:31 PM
<b>VERAPAMIL 240MG SR TABLET</b> PROVIDER: REILLEY, PAUL K REFILLS: 11 / 11	1 TABS ORAL DAILY for 30 Days KOP	START DATE:12/18/2019 13:31 PM EXPIRATION DATE: 12/12/2020 13:31 PM

**Started Meds:**

<b>CARVEDILOL 6.25MG TABLET</b> PROVIDER: REILLEY, PAUL K REFILLS: 0 / 11	1 TABS ORAL TWICE DAILY for 30 Days KOP	START DATE:12/09/2020 10:17 AM EXPIRATION DATE: 12/04/2021 10:17 AM
<b>IBUPROFEN 800MG TABLET</b> PROVIDER: REILLEY, PAUL K REFILLS: 0 / 2	1 TABS ORAL TWICE DAILY for 30 Days KOP	START DATE:12/09/2020 10:24 AM EXPIRATION DATE: 3/09/2021 10:24 AM

**PEARL PATIENT CHART EXPORT**

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**CORRECTIONAL MANAGED HEALTH CARE  
PROVIDER CHRONIC CLINIC NOTE  
Individualized Treatment Plan**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 12/09/2020 10:06  
Facility: POLUNSKY (TL)

LISINAPRIL 40MG TABLET  
PROVIDER: REILLEY, PAUL K  
REFILLS: 0 / 11

1 TABS ORAL EVERY MORNING for 30 Days KOP

START DATE:12/09/2020 10:22 AM  
EXPIRATION DATE: 12/04/2021 10:22 AM

PRAVASTATIN 20MG TABLET  
PROVIDER: REILLEY, PAUL K  
REFILLS: 0 / 11

1 TABS ORAL EVERY EVENING for 30 Days KOP

START DATE:12/09/2020 10:19 AM  
EXPIRATION DATE: 12/04/2021 10:19 AM

VERAPAMIL 240MG SR TABLET  
PROVIDER: REILLEY, PAUL K  
REFILLS: 0 / 11

1 TABS ORAL EVERY MORNING for 30 Days KOP

START DATE:12/09/2020 10:16 AM  
EXPIRATION DATE: 12/04/2021 10:16 AM

Electronically Signed by REILLEY, PAUL K. PA on 12/09/2020.  
##And No Others##



## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

**CORRECTIONAL MANAGED HEALTH CARE  
MD/MLP CHART REVIEW**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 01/08/2020 12:12  
Facility: POLUNSKY (TL)

Age: 79 year DOB: 03/30/1940 Sex: male Race: WHITE DOI: 3/6/1991

**Most recent vitals from 12/18/2019:**

BP: 183 / 97 (Sitting)	Weight:	Height: 72 In.	BMI:
Pulse: 90 (Sitting)	Resp:	Temp:	O2 Sat:

**Allergies:** PENICILLINS, OPIOID ANALGESICS

**Current Medications:**

CARVEDILOL 6.25MG TABLET  
1 TABS ORAL TWICE DAILY for 30  
Days KOP

EXPIRATION DATE: 12/12/2020 01:31:00PM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/22/2019 01:49:21PM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

LISINAPRIL 40MG TABLET  
1 TABS ORAL DAILY for 30 Days KOP

EXPIRATION DATE: 12/12/2020 01:32:00PM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/22/2019 01:49:40PM  
ORDERING PROVIDER: REILLEY, PAUL K  
ORDERING FACILITY: POLUNSKY (TL)

PRAVASTATIN 20MG TABLET  
1 TABS ORAL EVERY EVENING for 30  
Days KOP

EXPIRATION DATE: 12/12/2020 01:31:00PM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/22/2019 01:49:30PM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

VERAPAMIL 240MG SR TABLET  
1 TABS ORAL DAILY for 30 Days KOP

EXPIRATION DATE: 12/12/2020 01:31:00PM  
REFILLS: 0 / 11

LAST DATE GIVEN KOP: 12/22/2019 01:50:20PM  
ORDERING PROVIDER: REILLEY, PAUL K  
ORDERING FACILITY: POLUNSKY (TL)

SCR 12/17/19 needing chronic care medications refilled. Was seen for CCC visit 12/18/19 and refills given.

**Procedures Ordered:**

Date Time	Description	Diagnosis	Comments	Special Instructions
1/8/2020 12:13PM	MD/MLP-CHART REVIEW	ESSENTIAL (PRIMARY) HYPERTENSION (HTN), HYPERLIPIDEMIA, UNSPECIFIED		

Electronically Signed by REILLEY, PAUL K. PA on 01/08/2020.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PMCORRECTIONAL MANAGED HEALTH CARE  
MD/MLP CHART REVIEWPatient Name: BUNTION, CARL W  
TDCJ#:993Date: 07/24/2018 11:11  
Facility: POLUNSKY (TL)

Age: 78 DOB: 03/30/1940 Sex: male Race: WHITE DOI: 3/6/1991

## Most recent vitals from 5/26/2018:

BP: 165 / 90 (Sitting)	Weight: 176 Lbs.	Height: 72 In.	BMI: 24
Pulse: 72 (Sitting)	Resp: 18 / min	Temp: 98.4 (Oral)	O2 Sat: 100% RA

Allergies: PENICILLINS, OPIOID ANALGESICS

## Current Medications:

<u>ASPIRIN EC 81MG TABLET</u> 1 TABS ORAL DAILY for 30 Days KOP	EXPIRATION DATE: 12/07/2018 01:10:00PM REFILLS: 7 / 11	LAST DATE GIVEN KOP: 07/10/2018 08:57:26AM ORDERING PROVIDER: REILLEY, PAUL K ORDERING FACILITY: POLUNSKY (TL)
<u>CARVEDILOL 6.25MG TABLET</u> 1 TABS ORAL TWICE DAILY for 30 Days KOP	EXPIRATION DATE: 12/07/2018 01:10:00PM REFILLS: 7 / 11	LAST DATE GIVEN KOP: 07/10/2018 08:57:19AM ORDERING PROVIDER: REILLEY, PAUL K ORDERING FACILITY: POLUNSKY (TL)
<u>LISINAPRIL 40MG TABLET</u> 1 TABS ORAL DAILY for 30 Days KOP	EXPIRATION DATE: 12/07/2018 01:10:00PM REFILLS: 7 / 11	LAST DATE GIVEN KOP: 07/10/2018 08:57:46AM ORDERING PROVIDER: REILLEY, PAUL K ORDERING FACILITY: POLUNSKY (TL)
<u>PRAVASTATIN 20MG TABLET</u> 1 TABS ORAL EVERY EVENING for 30 Days KOP	EXPIRATION DATE: 12/07/2018 01:10:00PM REFILLS: 7 / 11	LAST DATE GIVEN KOP: 07/10/2018 08:57:32AM ORDERING PROVIDER: REILLEY, PAUL K ORDERING FACILITY: POLUNSKY (TL)
<u>VERAPAMIL 240MG SR TABLET</u> 1 TABS ORAL DAILY for 30 Days KOP	EXPIRATION DATE: 12/07/2018 01:09:00PM REFILLS: 7 / 11	LAST DATE GIVEN KOP: 07/10/2018 08:57:39AM ORDERING PROVIDER: REILLEY, PAUL K ORDERING FACILITY: POLUNSKY (TL)

Requesting renewal of double cuff pass.

## Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
7/24/2018 11:12AM	MD/MLP-CHART REVIEW	OTHER AND UNSPECIFIED INJURIES OF WRIST, HAND AND FINGER(S)		

## Passes Data:

07/24/2018 11:12 - REILLEY, PAUL K PA

Modify - Restraints / Other: No Short Cuff Behind Back # of Days: 365 Exp. Date: 07/24/2019 Comments: REAR  
DOUBLE CUFFElectronically Signed by REILLEY, PAUL K. PA on 07/24/2018.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PMCORRECTIONAL MANAGED CARE  
CLINIC NOTES**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 04/27/2017 15:52 **Facility:** POLUNSKY (TL)**Age:** 77 year **Race:** W **Sex:** male**Most recent vitals from 4/27/2017:** BP: 221 / 76 (Sitting) ; Wt: 180 Lbs.; Height: 72 In.; Pulse: 80 (Sitting) ; Resp: 20 / min; Temp: 98 (Oral) BMI: 24~>; O2 Sat:**DOI:** 3/6/1991**CURRENT PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:**PRIOR PEAK FLOWS:** PF1 :; PF 2: ; PF 3:**Allergies:** PENICILLINS, OPIOID ANALGESICS**Patient Language:** ENGLISH **Name of interpreter, if required:**

## Current Medications:

ASPIRIN EC 81MG TABLET

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11  
EXPIRATION DATE: 10/09/2017 10:45:00AMCARVEDILOL 6.25MG TABLET

1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 5 / 11

EXPIRATION DATE: 11/05/2017 12:00:00PM

LISINAPRIL 40MG TABLET

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11  
EXPIRATION DATE: 10/09/2017 10:46:00AMPRAVASTATIN 20MG TABLET

1 TABS ORAL EVERY EVENING for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11

EXPIRATION DATE: 10/09/2017 10:46:00AM

VERAPAMIL 240MG SR TABLET

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL KLAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11  
EXPIRATION DATE: 10/09/2017 10:45:00AM**Today's Problem:** LOW BACK PAIN  
4/27/2017

IS THIS VISIT THE RESULT OF A SCR?	<input checked="" type="checkbox"/>	YES
	<input type="checkbox"/>	NO

**S:** Sent over from 12 building due to severe low back pain. He notes pain in the lower back with radiation down his left leg. No bowel or bladder dysfunction.**O:** BP elevated. In mild distress secondary to pain. In wheelchair. NVL. + SLR on left.**A:** acute sciatica**Plan is as follows:****Procedures Ordered:**

1 of 2

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Monday, October 25, 2021 12:01:17 PM

### CORRECTIONAL MANAGED CARE CLINIC NOTES

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 04/27/2017 15:52 **Facility:** POLUNSKY (TL)

Date Time	Description	Diagnosis	Comments	Special Instructions
4/27/2017 03:55PM	PROVIDER1-BRIEF OFFICE VISIT (F)	sciatica, unspecified side (back pain)		
4/27/2017 03:55PM	MD/MLP-INTRA ARTICULAR ASPIRATION/INJECTION	sciatica, unspecified side (back pain)		

**Started Meds:**

IBUPROFEN 800MG TABLET 22934774 04/27/2017 15:56  
1 TABS ORAL BID KOP  
FINAL EXP. DATE: 5/27/2017 03:56:00PM REFILLS: 0 DURATION: 30 Days

SOLU-MEDROL 125MG/2ML VIAL 22934772 04/27/2017 15:56  
125 MG INJECTION ONCE  
FINAL EXP. DATE: 4/28/2017 03:56:00PM REFILLS: 0 DURATION: 1 Days

Electronically Signed by REILLEY, PAUL K. PA on 04/27/2017.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

### CORRECTIONAL MANAGED CARE CLINIC NOTES

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 09/15/2016 10:41 **Facility:** POLUNSKY (TL)

**Age:** 76 year **Race:** W **Sex:** male

**Most recent vitals from 9/15/2016:** BP: 186 / 100 (Sitting) ; Wt: 190 Lbs.; Height: 72 In.; Pulse: 78 (Sitting) ; Resp: 17 / min; Temp: 95.5 (Oral) BMI: 26

**DOI:** 3/6/1991

**CURRENT PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:

**PRIOR PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:

**Allergies:** PENICILLINS, OPIOID ANALGESICS

**Patient Language:** ENGLISH **Name of interpreter, if required:**

#### Current Medications:

**ASPIRIN EC 81MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: RAMOS-GUTIERREZ,  
JOANNE L

LAST DATE GIVEN KOP: 09/13/2016 10:24:39PM  
REFILLS: 11 / 11

EXPIRATION DATE: 10/14/2016 01:45:00PM

**LISINAPRIL 40MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: RAMOS-GUTIERREZ,  
JOANNE L

LAST DATE GIVEN KOP: 09/13/2016 10:24:39PM  
REFILLS: 11 / 11

EXPIRATION DATE: 10/14/2016 01:46:00PM

**PRAVASTATIN 20MG TABLET**

1 TABS ORAL EVERY EVENING for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: RAMOS-GUTIERREZ,  
JOANNE L

LAST DATE GIVEN KOP: 09/13/2016 10:24:39PM  
REFILLS: 11 / 11

EXPIRATION DATE: 10/14/2016 01:46:00PM

**VERAPAMIL 240MG SR TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: RAMOS-GUTIERREZ,  
JOANNE L

LAST DATE GIVEN KOP: 09/13/2016 10:24:39PM  
REFILLS: 11 / 11

EXPIRATION DATE: 10/14/2016 01:45:00PM

**Today's Problem:** NEEDS BOTTOM ROW RESTRICTION  
9/15/2016

IS THIS VISIT THE RESULT OF A SCR?	<input checked="" type="checkbox"/>	YES
	<input type="checkbox"/>	NO

**S:** He reports being moved to a 2<sup>nd</sup> row cell. He has a history of vertigo.

**O:** BP elevated, afebrile. NAD. AOx4. HEART: RRR, no murmur.

**A:** vertigo

**Plan is as follows:**

Discussed he has a permanent bottom row restriction.

**Procedures Ordered:**

Date Time	Description	Diagnosis	Comments	Special Instructions
9/15/2016	PROVIDER1-BRIEF OFFICE VISIT (F)	benign paroxysmal		

1 of 2

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

### CORRECTIONAL MANAGED CARE CLINIC NOTES

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 09/15/2016 10:41 **Facility:** POLUNSKY (TL)

10:43AM		vertigo	
9/15/2016	UPDATE PUHLES/RESTRICTIONS	benign paroxysmal	RESTRICTION II C #2.
10:43AM	REQUEST/ORDER	vertigo	DURATION: PERMANENT

**Started Meds:**

ASPIRIN EC 81MG TABLET	21712695	10/14/2016 10:45	
1 TABS ORAL QD KOP			
FINAL EXP. DATE: 10/09/2017 10:45:00AM	REFILLS: 11	DURATION: 30 Days	
LISINOPRIL 40MG TABLET	21712713	10/14/2016 10:46	
1 TABS ORAL DAILY KOP			
FINAL EXP. DATE: 10/09/2017 10:46:00AM	REFILLS: 11	DURATION: 30 Days	
PRAVASTATIN 20MG TABLET	21712706	10/14/2016 10:46	
1 TABS ORAL QPM KOP			
FINAL EXP. DATE: 10/09/2017 10:46:00AM	REFILLS: 11	DURATION: 30 Days	
VERAPAMIL 240MG SR TABLET	21712682	10/14/2016 10:45	
1 TABS ORAL QD KOP			
FINAL EXP. DATE: 10/09/2017 10:45:00AM	REFILLS: 11	DURATION: 30 Days	

Electronically Signed by REILLEY, PAUL K. PA on 09/15/2016.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

**CORRECTIONAL MANAGED CARE  
MD/MLP CHART REVIEW**

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 12/17/2013 15:25 **Facility:** POLUNSKY (TL)  
**Age:** 73 year **Race:** W **Sex:** male  
**Most recent vitals from 5/28/2013:** BP: 115 / 66 (Sitting) ; Wt: ; Height: 72 In.; Pulse: 81 (Sitting) ; Resp: 16 / min; Temp: 98 (Oral) BMI:

**Allergies:** PENICILLINS, OPIOID ANALGESICS

**Current Medications:**

**ASPIRIN EC 81MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP  
TAKE WITH FOOD

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 11/20/2013 07:16:39PM  
REFILLS: 9 / 11  
EXPIRATION DATE: 3/21/2014 02:52:00PM

**ENALAPRIL MALEATE 10MG TABLET**

1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 11/19/2013 08:47:18PM  
REFILLS: 9 / 11  
EXPIRATION DATE: 3/21/2014 02:53:00PM

**hydroCHLORothiazide 25MG TAB**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 11/19/2013 08:47:18PM  
REFILLS: 9 / 11  
EXPIRATION DATE: 3/21/2014 02:52:00PM

**PRAVASTATIN 20MG TABLET**

1 TABS ORAL EVERY EVENING for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 11/19/2013 08:47:18PM  
REFILLS: 9 / 11

EXPIRATION DATE: 3/21/2014 02:53:00PM

**VERAPAMIL 240MG SR TABLET**

1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: JACKSON, DIANE E

LAST DATE GIVEN KOP: 11/19/2013 08:47:18PM  
REFILLS: 9 / 11  
EXPIRATION DATE: 3/21/2014 02:51:00PM

CR for BP checks which were never completed  
This visit was part of a grievance by the patient and his attorney  
Part of my last note:

**S:**

Have had complaints in past regarding occasional dizziness

Also injured right wrist in past and his arm and wrist hurt when in single cuff

Also, when walking down the stairs while cuffed behind back with single cuff, he feels as though he might lose balance and fall

Requesting ground floor and double cuff pass

Being evaluated because he was referred to medical by Mr. Keller and third party (attorney)

**1. Dizziness and aging:**

- BP checks to adjust meds as indicated
- CR in one month for the same
- DCP until March 20, 2014 when he should be re-evaluated with the others
- Ground floor- HSM changes asap- for safety

These BP checks MUST be completed:

Reordered once a week for 4 weeks  
CR in 4 weeks

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Monday, October 25, 2021 12:01:17 PM

**CORRECTIONAL MANAGED CARE  
MD/MLP CHART REVIEW**

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 12/17/2013 15:25 **Facility:** POLUNSKY (TL)

**Procedures Ordered:**

Date Time	Description	Diagnosis	Comments	Special Instructions
12/17/2013 03:29PM	BP CHECK SERIES	hypertension (htn)	once a week for 4 weeks	
12/17/2013 03:29PM	REQUEST/ORDER (BP) CNDB MD/MLP-CHART REVIEW	hypertension (htn)		

Electronically Signed by JACKSON, DIANE E. FNP on 12/17/2013.

Electronically Signed by ROGERS, TAMMIE P. L.V.N. on 12/18/2013.

###And No Others##



**PEARL PATIENT CHART EXPORT**Data Exported From the Pearl EMR  
Tuesday, October 26, 2021 11:23:54 AM**CORRECTIONAL MANAGED HEALTH CARE  
MENTAL HEALTH OUTPATIENT SERVICES  
Restrictive Housing Assessment**Patient Name: BUNTION, CARL W  
TDCJ#:993Date: 10/12/2021 14:09  
Facility: POLUNSKY (TL)

Age: 81 DOB: 03/30/1940 Sex: Male Race: WHITE DOI: 3/6/1991

Patient Language: ENGLISH

**Most recent vitals from 3/30/2021:**

BP: 186 / 84 (Sitting)	Weight: 171 Lbs.	Height: 72 In.	BMI: 23 (% Diff: 0.00)
Pulse: 58 (Sitting)	Resp: 16 / min	Temp:	O2 Sat:

**Allergies:** PENICILLINS, OPIOID ANALGESICS**Current Medications:****CARVEDILOL 6.25MG TABLET**  
1 TABS ORAL TWICE DAILY for 30 Days  
KOPEXPIRATION DATE: 12/04/2021 10:17:00AM  
REFILLS: 10 / 11LAST DATE GIVEN KOP: 10/06/2021 06:44:27AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**LISINAPRIL 40MG TABLET**  
1 TABS ORAL EVERY MORNING for 30  
Days KOPEXPIRATION DATE: 12/04/2021 10:22:00AM  
REFILLS: 10 / 11LAST DATE GIVEN KOP: 10/06/2021 06:44:37AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**PRAVASTATIN 20MG TABLET**  
1 TABS ORAL EVERY EVENING for 30  
Days KOPEXPIRATION DATE: 12/04/2021 10:19:00AM  
REFILLS: 10 / 11LAST DATE GIVEN KOP: 10/06/2021 06:44:32AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**VERAPAMIL 240MG SR TABLET**  
1 TABS ORAL EVERY MORNING for 30  
Days KOPEXPIRATION DATE: 12/04/2021 10:16:00AM  
REFILLS: 10 / 11LAST DATE GIVEN KOP: 10/06/2021 06:44:23AM  
ORDERING PROVIDER: REILLEY, PAUL K

ORDERING FACILITY: POLUNSKY (TL)

**Current Restrictions/PULHES:**

Start Date	Provider Name	Restriction	Data & Units	Exp Date
05/23/1995	UNKNOWN, UNKNOWN	Trustee Camp Not Suitable for Trustee Camp		Cont.
12/12/2017	REILLEY, PAUL K	Bunk Assignment Lower Only		Cont.
10/17/2013	UNKNOWN, UNKNOWN	Row Assignment Ground Floor Only		Cont.
05/08/2012	UNKNOWN, UNKNOWN	Work Assignment 18. Do not Assign to Medical		Cont.

**P U L H E S**

DES: 3 1 1 1 2 1

COD: C A A A B A

MOD: P - - - P -

Active Problems:

**Chronic Care:**

**Essential (primary) Hypertension (htn) First Observed 3/23/2012 02:53PM**  
**Hyperlipidemia, Unspecified First Observed 10/20/2016 10:00AM**  
**Chronic Viral Hepatitis C (hcv Rna Pos) First Observed 5/7/2020 08:45AM**  
**Cirrhosis, Compensated First Observed 6/16/2021 01:10PM**

MHS (10.2017)

619

Page 1 of 4

**CORRECTIONAL MANAGED HEALTH CARE  
MENTAL HEALTH OUTPATIENT SERVICES  
Restrictive Housing Assessment**Patient Name: BUNTION, CARL W  
TDCJ#:993Date: 10/12/2021 14:09  
Facility: POLUNSKY (TL)**Icon:****Screening For Respiratory Tuberculosis (tb Class 0) First Observed 3/8/1991 01:16PM****Mental Health:****No Current Mental Health Needs First Observed 7/30/2005 09:28AM****Not Specified:****Visual Loss, Unspecified First Observed 3/6/1991 01:19PM****Transient Alteration Of Awareness (consciousness) First Observed 7/26/2013 02:23PM****Periarthritis Of Wrist First Observed 4/2/2016 03:49PM****Other And Unspecified Injuries Of Wrist, Hand And Finger(s) First Observed 4/2/2016 03:50PM****Benign Paroxysmal Vertigo First Observed 9/15/2016 10:43AM****Medical Exam W/o Abnormal Findings, For General Adult First Observed 4/18/2019 08:56AM****MH RESTRICTIVE HOUSING ASSESSMENT****Visit information:**

Type of visit: 90-day assessment

Seen this date at (time): 10:00

Patient reported:

Pt was seen cell side. Pt denies any current MH complaints or concerns. Pt presented as cooperative and alert with eurythmic mood. No signs of distress were present. Denied SI/HI. ATC explained.

**MH MENTAL STATUS EXAM:****Appearance**

Age: Appears stated age

Stature: Average height

Weight: Avg weight

Clothing: Appropriate

Grooming: Normal

Posture/Gait: Normal

Motor: Unremarkable

Manner: Cooperative

Condition of Cell neat

**Sensorium**

Level of Consciousness: Alert

Attention: No problems

Concentration: Normal

Orientation: Oriented X 4

Recall / Memory: No problem

**Relating**

Eye Contact: Normal

Facial Expression: Responsive

Attitude toward examiner: Cooperative

Data Exported From the Pearl EMR  
Tuesday, October 26, 2021 11:23:54 AM

**CORRECTIONAL MANAGED HEALTH CARE  
MENTAL HEALTH OUTPATIENT SERVICES  
Restrictive Housing Assessment**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 10/12/2021 14:09  
Facility: POLUNSKY (TL)

**Affect & Mood**

Affect: Appropriate  
Mood: Normal

**Speech**

Speech Rate: No problems  
Speech volume: Normal  
Speech amount: Normal  
Speech articulation: Clear

**Thought**

Thought processing: Coherent  
Thought content: Appropriate to mood / circumstances  
Thought organization: Logical, goal-directed  
Delusions: None  
Preoccupations: None  
Hallucinations: None  
Perceptions: No problems

**Executive Functions**

Estimated intelligence: Average  
Judgment: Good  
Insight: Aware of problems  
Abstraction: Normal  
Decision making: Normal  
Reality testing: Normal

**Adaptive Skills**

Coping ability: Normal  
Skill deficits: None

**Social Functioning**

Social Support: Adequate  
Social maturity: Responsible  
Social judgment: Normal

**Risk to Self & Others**

Self-harm: No self-harm  
Harm to others: None

**Objective:**

**Suicide Risk Assessment**

**Is inmate reporting thoughts of self-harm?**

No "No"

A: Assessment/Diagnostic Impression: V71.09

**P: Disposition**

Schedule in 90 days onsite

Reminder Date: 01/08/2022

To Do User Type: QMHP

To Do User: KANTIS, CHANI

Reminder Comment: 90

MHS (10.2017)

Page 3 of 4

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Tuesday, October 26, 2021 11:23:54 AM

**CORRECTIONAL MANAGED HEALTH CARE  
MENTAL HEALTH OUTPATIENT SERVICES  
Restrictive Housing Assessment**

Patient Name: BUNTION, CARL W  
TDCJ#:993

Date: 10/12/2021 14:09  
Facility: POLUNSKY (TL)

Reminder Created: MH OP 90 DAY RESTRICTIVE HOUSING ASSESSMENT

Caseload status:  
Not on caseload

MH encounter capture:

MH OP 90-Day Restrictive Housing Assessment

Patient Order Added: MH OP 90 DAY RESTRICTIVE HOUSING ASSESSMENT(F) Procedure Date: 10/12/2021

14:10:22 User: KANTIS, CHANI

Restrictions / PULHES Data:

10/12/2021 14:10 - KANTIS, CHANI MS, MHC Reviewed and Current No Changes Needed.

**Reminders Closed:**

Description	Date Time	Closed On	Comments
MH OP 90 DAY RESTRICTIVE HOUSING ASSESSMENT	10/11/2021 00:00	10/12/2021 14:10	90 day

Electronically Signed by KANTIS, CHANI MS, MHC on 10/12/2021.  
##And No Others##

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Tuesday, October 26, 2021 11:40:54 AM

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES - NURSING**

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 05/08/2017 17:16 **Facility:** POLUNSKY (TL)  
**Age:** 77 year **Race:** W **Sex:** male  
**Most recent vitals from 4/27/2017:** BP: 221 / 76 (Sitting) ; Wt: 180 Lbs.; Height: 72 In.; Pulse: 80 (Sitting) ;  
Resp: 20 / min; Temp: 98 (Oral) ; BMI: 24; O2 Sat:  
**CURRENT PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:  
**PRIOR PEAK FLOWS:** PF 1: ; PF 2: ; PF 3:  
**DOI:** 3/6/1991  
**Allergies:** PENICILLINS, OPIOID ANALGESICS

**Patient Language:** ENGLISH **Name of interpreter, if required:** N/A

**Current Medications:**

**ASPIRIN EC 81MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL K

LAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11  
EXPIRATION DATE: 10/09/2017 10:45:00AM

**CARVEDILOL 6.25MG TABLET**

1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL K

LAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11

EXPIRATION DATE: 11/05/2017 12:00:00PM

**IBUPROFEN 800MG TABLET**

1 TABS ORAL TWICE DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL K

LAST DATE GIVEN KOP: 05/03/2017 05:35:40AM  
REFILLS: 0 / 0

EXPIRATION DATE: 5/27/2017 03:56:00PM

**LISINAPRIL 40MG TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL K

LAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11

EXPIRATION DATE: 10/09/2017 10:46:00AM

**PRAVASTATIN 20MG TABLET**

1 TABS ORAL EVERY EVENING for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL K

LAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11

EXPIRATION DATE: 10/09/2017 10:46:00AM

**VERAPAMIL 240MG SR TABLET**

1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: POLUNSKY (TL)  
ORDERING PROVIDER: REILLEY, PAUL K

LAST DATE GIVEN KOP: 04/15/2017 09:18:37PM  
REFILLS: 6 / 11

EXPIRATION DATE: 10/09/2017 10:45:00AM

IS THIS VISIT THE RESULT OF A SCR?

YES

x

NO

Vital signs within normal limits

Provider notified – vital signs outside of normal parameters as follows:

Blood pressure less than 90/60 or greater than 180/110

## PEARL PATIENT CHART EXPORT

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Tuesday, October 26, 2021 11:40:54 AM

**CORRECTIONAL MANAGED CARE  
CLINIC NOTES - NURSING**

**Patient Name:** BUNTION, CARL W **TDCJ#:** 993 **Date:** 05/08/2017 17:16 **Facility:** POLUNSKY (TL)

	Pulse less than 50/min or greater than 110/min
	Temperature greater than 101°F (oral)
	Respirations greater than 22/min

Patient seen cell side. Refusal obtained for today's telehealth hep C clinic appointment. Patient stands and walks with great difficulty. Patient reports falling several times due to his back and leg pain. Security reports having difficulty with patient ambulating to showers without "near fall" episodes. Patient states that he did get a cortisone shot about 11 days ago and has not had any relief. Patient requests wheel chair to get to and from his visits.

Patient to be scheduled to see provider at next available appointment.

Provider Contacted?

<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	x	<input type="checkbox"/>	NO
--------------------------	-----	-------------------------------------	---	--------------------------	----

If yes, complete the following:

Name of Provider		Time:	
Provider Orders:			

Orders obtained and read back/verified by: (Name)	
---	--

Electronically Signed by BORELLA, MELONY L.V.N. on 05/08/2017.

Electronically Signed by O NEIL, BRENDA G. R.N. on 05/08/2017.

Electronically Signed by REILLEY, PAUL K. PA on 05/09/2017.

###And No Others##

Procedures Ordered:

Date Time	Description	Diagnosis	Comments	Special Instructions
5/8/2017 05:21PM	#NURSING LEVEL 2 COMPLETE VISIT (F)	nursing visit		

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Tuesday, October 26, 2021 11:40:55 AM

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: BUNTION, CARL WAYNEDate: MAY 15, 2017

Work Assignment:

TDCJ No.: 0000993Wing No: 12-BLDG. C-21

School Hours:

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other:Reason for Health Services Appointment: PINCHED NERVE IN BACK HIP LEFT LEG. DIFFICULTY  
IN WALKING. NEED WHEEL CHAIR ASSISTANCE.

How long have you had this problem?

Hours:

Days: FIRST WEEK OF APRIL

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: NSC

Medical Staff Member's Signature

MAY 18 2017

Date

HBA - 9 (Rev. 3/12)

## PEARL PATIENT CHART EXPORT

Data Exported From the Pearl EMR  
Tuesday, October 26, 2021 11:40:55 AM

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name: BUNTION, CARL WAYNEDate: MAY 10, 2017TDCJ No.: 000993

Work Assignment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Wing No: C-21

School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: \_\_\_\_\_Reason for Health Services Appointment: PINCHED NERVE IN LEFT LEG PREVENTS ME FROM WALKING. UNABLE TO WALK TO CLINIC.

How long have you had this problem? Hours: \_\_\_\_\_

Days: FIRST WEEK OF APRIL

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: See aboveDate: MAY 12 2017@Paula R

Medical Staff Member's Signature

Date: 5-12-17

Date

HSA-9 (Rev. 2/12)